



420 FAMILY PLANNING

REVISION DATES: 11/01/08, 10/01/08, 04/01/07, 08/01/05, 04/01/04, 10/01/01, 02/01/99

INITIAL

EFFECTIVE DATE: 10/01/1994

Description. Family planning services are covered when provided by physicians or practitioners to members who voluntarily choose to delay or prevent pregnancy. Family planning and Sixth Omnibus Budget Reconciliation Act (SOBRA) Family Planning Extension Program (demonstration) services include covered medical, surgical, pharmacological and laboratory benefits specified in this policy. Covered services also include the provision of accurate information and counseling to allow members to make informed decisions about specific family planning methods available. Members may choose to obtain family planning services and supplies from any appropriate provider within the Contractor's network.

Amount, Duration and Scope. Members (male and female) who are eligible to receive full health care coverage and are enrolled with a Contractor, or are receiving services through fee-for-service (FFS), may elect to receive family planning services in addition to other covered services.

Female members whose SOBRA postpartum eligibility has expired (Arizona Revised Statutes § 36-2907.04) and are enrolled with a Contractor, or are receiving services on a FFS basis, are eligible for the SOBRA Family Planning Extension Program for up to 24 months. SOBRA family planning extension services include only those services related to family planning; other services are not covered.

Members who are enrolled with a Contractor at the time SOBRA eligibility expires will remain with their Contractor; they may remain with their assigned maternity provider or exercise their option to select another provider from the Contractor's provider network for SOBRA family planning extension services. Members receiving services on a FFS basis may elect to remain with their attending FFS physician, or select a new FFS provider or a new Contractor for SOBRA family planning extension services.



CHAPTER 400
MEDICAL POLICY FOR MATERNAL AND CHILD HEALTH

POLICY 420
FAMILY PLANNING

Family planning services for members eligible to receive full health care coverage and members eligible for the SOBRA Family Planning Extension Program may both receive the following medical, surgical, pharmacological and laboratory services:

1. Contraceptive counseling, medication, and/or supplies, including, but not limited to: oral and injectable contraceptives, subcutaneous implantable contraceptives, intrauterine devices, diaphragms, condoms, foams and suppositories
2. Associated medical and laboratory examinations and radiological procedures, including ultrasound studies, related to family planning
3. Treatment of complications resulting from contraceptive use, including emergency treatment
4. Natural family planning education or referral to qualified health professionals, and
5. Postcoital emergency oral contraception within 72 hours after unprotected sexual intercourse.

Coverage for the following family planning services varies based upon eligibility status as indicated in the matrix below.

SERVICES	AHCCCS ACUTE CARE, ALTCS AND FFS MEMBERS	<u>FEMALE MEMBERS * RECEIVING FAMILY PLANNING EXTENSION SERVICES</u>
Pregnancy Screening	Covered service	Covered only when completed prior to provision of long-term contraceptives.
Pharmaceuticals	Covered service when associated with medical conditions related to family planning or other medical conditions.	Covered service only when associated with medical conditions related to family planning.
Screening and treatment for sexually transmitted diseases (STDs)	Both screening and treatment for STDs are covered services.	Screening services for STDs are covered but treatment services are not provided through AHCCCS - a referral is made to an agency, which provides low or no cost STD treatment services.
Sterilization	Services are covered for both male and female members when the requirements specified in this policy for sterilization services are met (including hysteroscopic tubal sterilizations effective 7-1-08).	Services (including hysteroscopic tubal sterilizations effective 7-1-08) are covered for female members when the requirements specified in this policy for sterilization are met.

* SOBRA family planning extension services are available only to female members who have lost SOBRA eligibility for medical services; men are not eligible for these services.



LIMITATIONS

The following are not covered for the purpose of family planning or SOBRA family planning extension services:

1. Infertility services including diagnostic testing, treatment services or reversal of surgically induced infertility
2. Pregnancy termination counseling, or
3. Pregnancy terminations and hysterectomies.

Refer to [Chapter 800](#) - FFS Quality and Utilization Management for prior authorization requirements for FFS providers.

A. CONTRACTOR REQUIREMENTS FOR PROVIDING FAMILY PLANNING SERVICES

Contractors must ensure that service delivery, monitoring and reporting requirements are met.

Contractors must:

1. Plan and implement an outreach program to notify members of reproductive age of the specific covered family planning services available and how to request them. Notification must be in accordance with A.R.S. § 36.2904(L). The information provided to members must include, but is not limited to:
 - a. A complete description of covered family planning services available
 - b. Information on how to request/obtain these services
 - c. Information that assistance with scheduling is available, and
 - d. A statement that there is no charge for these services.



2. Have policies and procedures in place to inform SOBRA members who lose eligibility for medical services (enrolled in the SOBRA Family Planning Extension Program) of no/low cost primary care services.

Must also have policies and procedures in place to inform providers of no/low cost primary care services available to these members.

3. Have policies and procedures in place to ensure that maternity care providers are educated regarding covered and non-covered services, including family planning services, available to AHCCCS members
4. Have family planning services that are:
 - a. Provided in a manner free from coercion or mental pressure
 - b. Available and easily accessible to members
 - c. Provided in a manner which assures continuity and confidentiality
 - d. Provided by, or under the direction of, a qualified physician or practitioner, and
 - e. Documented in the medical record. In addition, documentation must be recorded that each member of reproductive age was notified verbally or in writing of the availability of family planning.
5. Provide translation/interpretation of information related to family planning in accordance with requirements of the AHCCCS Division of Healthcare Management “Cultural Competency” policy, available from the AHCCCS Contractor Operations Manual (available online at www.azahcccs.gov)
6. Incorporate medical audits for family planning services within quality management activities to determine conformity with acceptable medical standards
7. Establish quality/utilization management indicators to effectively measure/monitor the utilization of family planning services
8. Have written practice guidelines that detail specific procedures for the provision of long-term contraceptives. These guidelines shall be written in accordance with acceptable medical standards



9. Prior to insertion of subcutaneous implantable contraceptives, the family planning provider must provide proper counseling to the eligible member to minimize the likelihood of a request for early removal. Counseling information is to include a statement to the member indicating if the implant is removed within two years of insertion, the member may not be an appropriate candidate for reinsertion for at least one year after removal, and
10. In addition, Acute Care Contractors, as a part of the provision of SOBRA family planning extension services, must:
 - a. Assist providers in establishing procedures for referral of members, who are screened and determined to have sexually transmitted disease, to an agency which provides low/no cost treatment for members receiving SOBRA family planning extension services.
 - b. Assist providers in establishing procedures for referral of those members who lose AHCCCS eligibility to low/no cost agencies for family planning services.
 - c. Assist providers in establishing procedures for referral of those members with medical needs to an agency that provides low/no cost primary care services.
 - d. Develop a process for monitoring whether referrals for low/no cost primary care services were made.

B. PROTOCOL FOR MEMBER NOTIFICATION OF FAMILY PLANNING AND SOBRA FAMILY PLANNING EXTENSION SERVICES AND CONTRACTOR REPORTING REQUIREMENTS

Contractors are responsible for providing family planning services and notifying their members regarding the availability of these AHCCCS covered services. Acute Care Contractors are also responsible for the provision of SOBRA family planning extension services and information regarding these services. Contractors are responsible for reporting sterilization of SOBRA members, which will result in either ineligibility for or termination of AHCCCS family planning extension services for those members.

The AHCCCS Administration will notify all SOBRA members if their eligibility for full health care coverage is reduced to SOBRA family planning extension services only, and/or when members have lost eligibility for SOBRA family planning extension services. In addition, AHCCCS Administration will provide information about AHCCCS covered family planning services and SOBRA family planning extension services to members who receive services on a fee-for-service basis.



Member notification of these covered services must meet the following minimum requirements:

1. Notification shall be in accordance with A.R.S. § 36-2904L
2. The requirement for notification is in addition to the member handbook and the member newsletter. Communications and correspondence dealing specifically with notification of family planning services are acceptable methods of providing this information. The communications and correspondence must be approved by AHCCCSA and conform to confidentiality requirements (refer to the AHCCCS Contractor Operations Manual: Member Information Policy, Policy 404)
3. Notification is to be given at least once a year and must be completed by November 1. For Contractor members who enroll after November 1, notification will be sent at the time of enrollment
4. Notification must include all of the family planning services covered through AHCCCS as well as instructions to members regarding how to access these services. Acute Care Contractors must also provide such information to members regarding SOBRA family planning extension services
5. Notification must be written at a reading level appropriate for the membership
6. Notification must be presented in a second language in accordance with the requirements of the AHCCCS Division Of Health Care Management “Cultural Competency” policy, available in the AHCCCS Contractor Operations Manual (available at www.azahcccs.gov)
7. Contractors must implement procedures to ensure that primary care providers (PCP) verbally notify members during office visits of the availability of family planning services at least annually
8. Acute Care Contractors’ maternity care providers must also provide information regarding SOBRA family planning extension services to assigned SOBRA members during their postpartum visit(s)



9. Contractors must report to AHCCCS Division of Member Services (DMS) any member who receives a sterilization procedure during SOBRA eligibility. Reporting information must include the member's name, AHCCCS identification number, date of birth, and date of sterilization. The Contractor must either:
 - a. Inform the AHCCCS DMS Newborn Reporting Unit at (602) 417-7400 or 1-800-228-6411 of the sterilization at the same time as the report of the newborn member (for sterilizations performed at the time of delivery of a child), or
 - b. Timely inform the AHCCCS DMS Verification Unit at (602) 417-7000 of sterilization of SOBRA members performed at any time during the 24-month coverage of family planning extension services.

Clarification Related to Hysteroscopic Tubal Sterilization. Hysteroscopic tubal sterilization is not immediately effective upon insertion of the sterilization device. It is expected that the procedure will be an effective sterilization procedure three months following insertion. Therefore, during the first three months the member must continue using another form of birth control.

At the end of the three months, it is expected that a hysterosalpingogram will be obtained confirming that the member is sterile. After the confirmatory test the member is considered sterile. Contractors should not report sterilization of SOBRA members who received a hysteroscopic tubal sterilization until minimally 3 months post procedure and receipt of confirmatory hysterosalpingogram.

C. FEE-FOR-SERVICE (FFS) FAMILY PLANNING PROVIDER REQUIREMENTS

FFS providers of family planning services must comply with the following:

1. Register as an AHCCCS provider and obtain an AHCCCS provider identification number
2. Comply with AHCCCS policy for family planning services and SOBRA family planning extension services
3. Comply with AHCCCS Division of Fee-for-Service Management prior authorization (PA) requirements for prescriptions and/or related family planning supplies, and
4. Make referrals to appropriate medical professionals for services that are beyond the scope of family planning services. Such referrals are to be made at the family planning provider's discretion. If the member is eligible for full health care coverage, the referral must be made to an AHCCCS FFS provider.



D. STERILIZATION

The following AHCCCS requirements regarding member consent for covered sterilization services apply to Contractors and fee-for-service (FFS) providers. Reporting requirements for sterilization of SOBRA members only apply to Contractors (see the above policy entitled “Protocol for Member Notification of Family Planning and SOBRA Family Planning Extension Services and Contractor Reporting Requirements”).

Sterilization of a member can occur when:

1. The member is at least 21 years of age at the time the consent is signed (See Exhibit 420-1)
2. Mental competency is determined
3. Voluntary consent was obtained without coercion
4. Thirty days, but not more than 180 days, have passed between the date of informed consent and the date of sterilization, except in the case of a premature delivery or emergency abdominal surgery, or
5. Members may consent to be sterilized at the time of a premature delivery or emergency abdominal surgery, if at least 72 hours have passed since they gave informed consent for the sterilization. In the case of premature delivery, the informed consent must have been given at least 30 days before the expected date of delivery.

Any member requesting sterilization must sign an appropriate consent form with a witness present when the consent is obtained. Suitable arrangements must be made to ensure that the information in the consent form is effectively communicated to members with limited English proficiency or reading skills and those with diverse cultural and ethnic backgrounds, as well as members with visual and/or auditory limitations. Prior to signing consent form member must first have been offered factual information including:

1. Consent form requirements
2. Answers to questions asked regarding the specific procedure to be performed
3. Notification that withdrawal of consent can occur at any time prior to surgery without affecting future care and/or loss of federally funded program benefits



4. A description of available alternative methods
5. A full description of the discomforts and risks that may accompany or follow the performing of the procedure including an explanation of the type and possible effects of any anesthetic to be used
6. A full description of the advantages or disadvantages that may be expected as a result of the sterilization
7. Notification that sterilization cannot be performed for at least 30 days post consent

Sterilization consents may **NOT** be obtained when a member:

1. Is in labor or childbirth
2. Is seeking to obtain, or is obtaining, a pregnancy termination, or
3. Is under the influence of alcohol or other substances that affect that member's state of awareness.